

# 2011 Indiana Pacers Father Daughter Basketball Clinic



The Indiana Pacers are putting together a one day skill and drill clinic designed specifically for fathers and their daughters! The clinic is designed to help both the parent and the player in developing the child's overall basketball game. The clinic will include individual ideas and lessons to the parents so that they will be able to work with the child outside the program. Each participant will receive a free Indiana Pacers T-Shirt and future Pacers Game Ticket!

**Girls ages 6 - 17**

(Campers will be separated by age and ability whenever possible.)

**Saturday, October 15, 2011**

**9:00am - 12:00pm**

**Greenwood Community Center**

**100 Surina Way**

**Greenwood, IN 46143**

**Cost : \$45**

**All participants receive a t-shirt and a future Pacers Game Ticket!**

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the player  
you want  
to be!

## INDIANA PACERS 2011 BASKETBALL CLINIC REGISTRATION

[www.thebasketballacademy.com](http://www.thebasketballacademy.com) to register online / Call 317.452.0349 for more information.

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Greenwood, IN 46143

Cost: \$45

All participants receive a t-shirt and future Pacers Game Ticket included!

Please complete this registration form, including parent or guardian signature, and send to:

The National Basketball Academy, 27600 Chagrin Blvd. Suite 450, Woodmere, OH 44122

Make all checks payable to: The National Basketball Academy

Upon payment received by The National Basketball Academy, all sales are final. No Refund or Exchange will be issued.



\*Please note all credit cards will be subject to an additional service charge of 4% of the total dollar transaction.

Camper's Name \_\_\_\_\_  
Parent or Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Parent's Work Phone \_\_\_\_\_  
Parent's Cell Phone \_\_\_\_\_ Camper D.O.B. (MM/DD/YY) \_\_\_\_\_ Grade \_\_\_\_\_  
E-mail \_\_\_\_\_ T-Shirt Size ☐ YM ☐ YL ☐ S ☐ M ☐ L ☐ XL ☐ XXL  
Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3-Digit Security# \_\_\_\_\_ (on back of card)

Amt. charged to card \$ \_\_\_\_\_

The SIGNER grants permission to The National Basketball Academy, the Indiana Pacers, the NBA (and its designees and agents) to utilize the Signer's child's image, likeness, actions and statements in any live or recorded audio, video, or photographic display or other transmission, exhibition, publication or reproduction made of, or at, the Event in any medium or context without further authorization or compensation.

We, the undersigned, do hereby consent to our child's participation in the Indiana Pacers clinic. Our child is in good health and can participate in all activities. Therefore, in consideration for the services to be performed by the National Basketball Academy and the Indiana Pacers, I/we do further release their agents and employees and any others associated with the clinic from any and all claim or liability to us or our child for any damages or injuries which may be sustained by our child in connection with the Indiana Pacers clinic.

Parent or Guardian Signature \_\_\_\_\_

In the event that reasonable attempts to reach parents/guardians at phone numbers listed have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by: \_\_\_\_\_ (preferred physician and phone) or by another licensed physician or the transfer of child to nearest appropriate hospital or emergency facility. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for surgery, are obtained prior to performance of surgery.

Parent or Guardian Signature \_\_\_\_\_